

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26745 (2)
1. Corporation Name
OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
12 HIGHLAND SORRENTO FL 32776 **12 HIGHLAND SORRENTO FL 32776**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		06/02/1988	06/14/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2904109	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRAWFORD, CAROL A. ATTY AT LAW 6320 MATCHETT ROAD ORLANDO FL 32809				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELL, KAREN		1.2 NAME	GIANGROSSI, GENO	
STREET ADDRESS	12 HILLSBOROUGH DR.		1.3 STREET ADDRESS	25 HILLSBOROUGH DR.	
CITY-ST-ZIP	SORRENTO FL		1.4 CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, DON		2.2 NAME	GIANGROSSI, CINDY	
STREET ADDRESS	23 FRANKLIN CIRCLE		2.3 STREET ADDRESS	25 HILLSBOROUGH DR.	
CITY-ST-ZIP	SORRENTO FL		2.4 CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, VANOLA		3.2 NAME	SMYTH, VANOLA	
STREET ADDRESS	23 SEMINOLE STREET		3.3 STREET ADDRESS	23 SEMINOLE ST.	
CITY-ST-ZIP	SORRENTO FL		3.4 CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, CHARLES		4.2 NAME		
STREET ADDRESS	23 SEMINOLE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELL, BILL		5.2 NAME	CONCELMO, DON	
STREET ADDRESS	1 FLAGLER STREET		5.3 STREET ADDRESS	14 HIGHLAND AVE	
CITY-ST-ZIP	SORRENTO FL		5.4 CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, JAMES		6.2 NAME	KEIFER, VIRGIL	
STREET ADDRESS	47 HILLSBOROUGH DRIVE		6.3 STREET ADDRESS	165 HILLSBOROUGH DR.	
CITY-ST-ZIP	SORRENTO FL		6.4 CITY-ST-ZIP	SORRENTO, FL 32776	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Smyth 3-21-96 352-383-0957
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)